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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Schedule A	
	Filing Date	See Schedule A	
	First Named Inventor	See Schedule A	
	Title	See Schedule A	
	Art Unit	N/A	
	Examiner Name	N/A	
		Attorney Docket No.	See Schedule A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
 OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
 OR
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
 OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

Signature: *Douglas F Flood*
 Name: *Douglas F Flood*
 Title and Company: *Vice President LoJack Corporation*
 Date: *22 May 2012*
 Telephone: *781-302-4192*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.